


DATE: _____

CLINICAL AREA: _____

How' You Doin'?? 2003**Patient Safety****Instructions:**

- ☐ Test your knowledge by asking yourself and at least 5 of your colleagues the following questions.
- ☐ Indicate in the boxes whether you **answered the question correctly (Y)** or **were not able to answer the question (N)**. Your manager or supervisor will be able to provide you with the correct answers.
- ☐ Give yourself and your colleagues a pat on the back for a job well done!!! Then, **send the results to Ginnie Daine by August 1, 2003.**
- ☐ Got questions and you and your staff want to discuss a topic, simply check the box to the left of the topic.

	Critical Issue	1	2	3	4	5	6
	1. State the two patient identifiers selected by the Clinical Center.						
	2. Describe how you would use these patient identifiers.						
	3. Describe the process you should follow when placing a patient identification wristband on the patient.						
	4. Explain the name alert process.						
	5. Describe the process you would follow if a prescriber gave you the following verbal order: 10 mg morphine PO TID.						
	6. Name the six types of verbal orders that can not be accepted at the Clinical Center.						
	7. List the 8 abbreviations that are now considered unacceptable.						
	8. Describe what you would do if you received the following written orders: ■ .125 mg Digoxin QD ■ 1 mg Lorazepam qhs						
	9. Describe the steps the Clinical Center has taken to remove concentrated electrolytes.						
	10. Describe the steps the Clinical Center has taken to standardize high risk drug concentrations.						
	11. Describe how the site is marked before a patient under goes an invasive procedure involving more than minimal risk.						
	12. Describe the time-out process.						
	13. Describe how this process is documented.						
	14. Describe what is meant by free flow protection.						
	15. List the clinical care alarms present in your area.						
	16. Standing at the furthest point on your unit from these alarms, can you hear the alarm? If no, please describe below.						
	17. Describe how you would respond to each type of alarm on your unit.						

- ☐ **We would like to discuss this topic further with someone!! (check box if indicated)**

How' YOU Doin' in 2003?

The Answer Sheet☺

Patient Safety

July 14, 2003

1. State the two patient identifiers selected by the Clinical Center. ■ Name and date of birth
2. Describe how you would use these patient identifiers. ■ The two patient identifiers are used to identify a patient prior to drawing bloods, administering medications or blood products, and/or prior to performing an invasive procedure. ■ In the inpatient area the nurse can check the identification wristband for the two patient identifiers. ■ In the day hospitals and the outpatient areas, the nurse will need to ask the patient to state his or her name and date of birth.
3. Describe the process you should follow when placing a patient identification wristband on the patient. ■ Explain to the patient, for safety purposes you need him or her to state his or her name and DOB and verify against hospital records. ■ Pediatric patients may provide this information AND the parent or guardian must always verify the information. ■ The two patient identifiers may be obtained from a responsible adult if the patient has been sedated, is cognitively impaired, has a communication deficit, or is sleeping. ■ A staff member familiar with the patient places the identification wristband if the patient is unable to communicate and a responsible adult is not present.
4. Explain the name alert process. ■ The name alert process is implemented when two or more patients have the same name or they have names that look or sound alike. To implement the process, the nurse will mark the following items with "name alert:" <ul style="list-style-type: none">▪ patient's identification plate;▪ patient's door;▪ nursing unit assignment board;▪ phlebotomy worksheet printed by nursing;▪ patient's medical record; and▪ labels stored on the nursing unit.
5. Describe the process you would follow if a prescriber gave you the following verbal order: 10 mg morphine PO TID. ■ The nurse writes down the verbal order and then reads it back to the prescriber, i.e., "Order is for Mrs. Jones, one zero milligrams morphine sulfate orally three times a day."
6. Name the six types of verbal orders that cannot be accepted at the Clinical Center. ■ Discharge ■ Transfer to another facility ■ Schedule II controlled substances for outpatients, patients to be discharged, or patients on pass ■ Oncology chemotherapy agents ■ Investigational agents ■ Total Parenteral Nutrition (TPN) ?and PPN?

THERE's MORE!!

7. List the 8 abbreviations that are now considered unacceptable at the Clinical Center.
<ul style="list-style-type: none"> ■ MSO4 . . . can be interpreted as morphine sulfate or magnesium sulfate ■ μg . . . can be misread as mg ■ qhs . . . can be misread as qh or every hour ■ qod . . . can be misread as qid ■ U or u . . . can be misread as a zero or 4 ■ CC . . . can be misread as U for units when handwritten ■ Trailing 0; i.e., 1.0 mg . . . decimal is not noted and misread as 10 instead of 1 ■ Absent leading 0; i.e. .2 mg . . . decimal is not noted and misread as 2 instead of 0.2
8. Describe what you would do if you received the following written order:
<ul style="list-style-type: none"> ■ .125mg Digoxin QD <ul style="list-style-type: none"> ▪ Contact the prescriber for clarification and then document it in the medical record. "Order clarified with prescriber to read, 0.125mg Digoxin PO QD" ■ 1 mg Lorazepam PO qhs <ul style="list-style-type: none"> ▪ Contact the prescriber for clarification and then document it in the medical record. "Order clarified with prescriber to read, 1 mg Lorazepam at bedtime."
9. Describe the steps the Clinical Center has taken to remove concentrated electrolytes.
<ul style="list-style-type: none"> ■ Concentrated electrolytes are electrolyte additive solutions in their original vial...said differently, they have not been diluted. 3% and 5% NACL are the only exceptions to this rule at the Clinical Center; they are always diluted before they are sent to the patient care area but are still considered to be concentrated electrolytes. ■ Concentrated potassium chloride, potassium phosphate, hypertonic sodium chloride have been removed from the units. ■ Limited use of calcium gluconate with safety measures in place
10. Describe the steps the Clinical Center has taken to standardize high risk drug concentrations.
<ul style="list-style-type: none"> ■ The Pharmacy and Therapeutics Committee continues to identify opportunities to standardize concentrations. Examples include opioids, insulin and heparin. ■ The Guardrail system is on the Alaris IV pumps and will expand the Clinical Center's list of standardized concentrations.
11. Can you describe how the site is marked before a patient under goes an invasive procedure involving more then minimal risk?
The patient may mark the site. The physician or MD designee (attending surgeon, fellow, resident, NP, PA) will confirm the marked site with his or her initials.
12. Describe the time out process.
Members of the team must pause and use active communication to verify the correct patient, procedure, site, side, and level where appropriate.
13. Describe how this process is documented.
On the Surgical/Invasive Procedure Verification Checklist (NIH #2826)
14. Describe what is meant by free-flow protection?
Free-flow protection means there will be no run away fluid when the pump is turned off or when the tubing is removed from the chamber.
15. List the clinical care alarms present in your area.
Clinical care alarms are designed to alert you when your patient may need help. The types of alarms will vary by unit.
16. Standing at the furthest point on your unit from these alarms, can you hear the alarm? If no, please describe below.
Please help us identify potential problem areas by noting them on page 1 of your grid.
17. Describe how you would respond to each type of alarm on your unit?
They will vary by type of alarm.